DOCUMENT RESUME

ED 183 000 FL 010 930

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TITLE Speech Pathology and Dialect Differences. Dialects and Educational Equity.
INSTITUTION Center for Applied Linguistics, Arlington, Va.
SPONS AGENCY Office of Education (DHEW), Washington, D.C.
PUB DATE Nov 79
CONTRACT 400-78-0057
NOTE 26p.; For related documents, see FL 010 928-932
AVAILABLE FROM Center for Applied Linguistics, 1611 North Kent Street, Arlington, VA 22209 ($2.50)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS American English; *Dialects; Elementary Secondary Education; Language Attitudes; Language Development; Language Patterns; Language Usage; *Language Variation; *Nonstandard Dialects; Regional Dialects; Remedial Instruction; Social Dialects; Sociolinguistics; *Speech Habits; *Speech Handicaps; Speech Improvement; *Speech Pathology; Speech Tests; Standard Spoken Usage

ABSTRACT

Discussions in speech and language pathology often contain references to language differences and the ways these differences compare with speech and language disorders. There is ongoing research on the regional varieties of English, and within the past decade, information on social and ethnic variation in language has been accumulating. Based on the research, some of the issues of interest to speech pathologists are addressed in this booklet: (1) how a clinician might deal with reference to a local dialect when there is no available description or summary of the main characteristics of the dialect; (2) the age level when dialect differences emerge in the speech of young children, and the similarities these differences bear to structures found in certain stages of development of children speaking standard English; (3) the tendency of children who speak nonstandard varieties of English to score lower on tests of speech and language development than their standard English speaking counterparts, and the question of whether these children are learning their language at a slower rate than children who come from mainstream, standard English speaking communities; and (4) remediation strategies and dialect differences, including the question of the approach to therapy and treating dialect differences as if they were disorders. Lists of references are included. (Author/AMH)

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DIALECTS AND EDUCATIONAL EQUITY

Speech Pathology and Dialect Differences

Walt Wolfram

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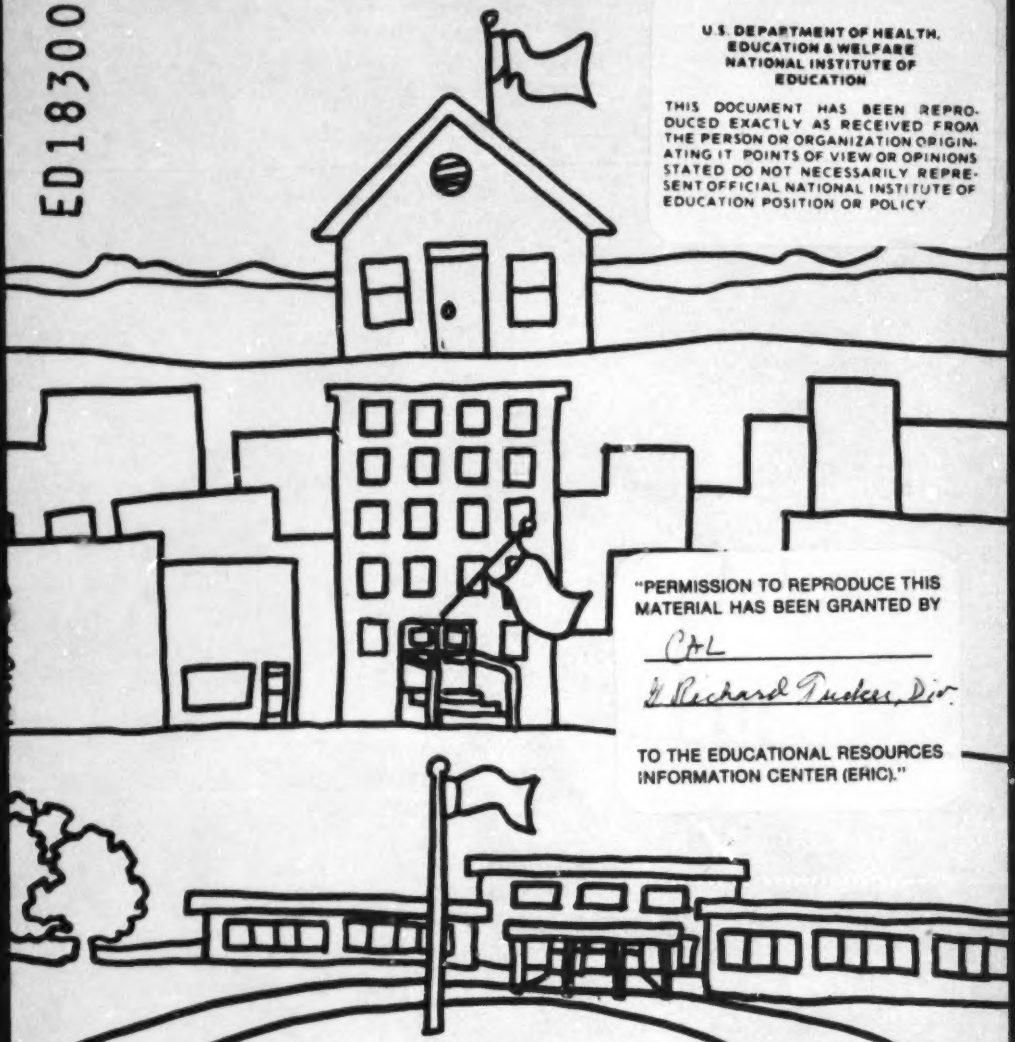

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Dialects and Educational Equity

Language inevitably plays a central role in education. It is used as a means of transmitting information and is an essential ingredient in the development and evaluation of particular educational skills. In addition, language is a vehicle of social identification as people react to one another based on the way they speak. The importance of language in education, coupled with its social significance, makes it a key factor in the struggle for educational equity.

Over the past two decades, a great deal of research has been undertaken on language diversity in American English, particularly among the economically impoverished and ethnically and socially isolated members of our society—those groups who speak what has been labeled "nonstandard English." Research on these varieties has raised some fundamental social and educational issues—matters that cannot be ignored by those vested with the responsibility of educating ***all*** students. ***Dialects and Educational Equity*** attempts to address some of these issues on the basis of what is currently known about language variation.

Our concern is the dissemination of information relevant to the needs of practitioners, and the format of this series is designed to highlight this orientation. Each booklet is arranged in a question-answer format, with the questions representing the kinds of issues raised by practitioners in surveys, workshops, and discussion groups and the answers based on current research information addressing the concerns. The first two booklets, ***Dialogue on Dialects*** and ***Exploring Dialects***, address preliminary concerns about dialect differences while the booklets, ***Speech Pathology and Dialect Differences***, ***Reading and Dialect Differences***, and ***Language Arts and Dialect Differences***, address more specialized educational issues. At the end of each discussion in the booklets, certain other readings are suggested for those who may wish to pursue more information on a particular topic.

Practitioners and researchers in the areas of specialization considered have guided the development of these publications from the initial planning to the final products. In addition, staff consultants at the Center for Applied Linguistics, Roger W. Shuy and Peter A. Eddy, advised on many phases of the project. Lance Potter, of our staff, researched many topics of relevance, and Marlene Zack attended to the fine details of typing the original booklets. Finally, Diane Bartosh, of the Publications Program at the Center for Applied Linguistics, developed the layout and edited the final manuscript. Our appreciation is extended to these individuals, as well as the many anonymous practitioners who originally brought our attention to the issues raised here.

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This publication was prepared with funding from the National Institute of Education, U.S. Department of Health, Education, and Welfare under contract no. 400-78-0057. The opinions expressed in this document do not necessarily reflect NIE position or policy, and no official endorsement by NIE or HEW should be inferred.

November 1979

Published by the Center for Applied Linguistics,
1611 North Kent Street, Arlington, Virginia 22209

Printed in the U.S.A.

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Preface

Speech pathology is a field which invariably involves people from all walks of life. Along with people who reveal various kinds of speech and language pathologies derived from a wide range of organic and functional conditions, most speech pathologists come into contact with individuals representing the spectrum of social and ethnic differences. It is therefore not surprising that speech and language differences in socially and ethnically defined groups have become a matter of great concern to many speech pathologists. Workshops and discussions on this topic rarely fail to engender great interest and debate.

As an individual who has been conducting workshops on the topic of social dialects in the field of speech and language pathology for well over a decade, I have observed that a number of questions and issues persist. These questions remain not because they are faddish, but because they have very practical consequences—how to evaluate and treat speakers from dialects other than standard English. The recurring concerns of those involved in actual clinical practice guided the preparation of this booklet; the questions come from these practitioners, and the research synthesis is presented in a way that is in line with the expressed concerns.

Among the many individuals who have reacted to the presentation here, several people deserve special mention. My associate on this project, Donna Christian, was a helpful collaborator on all aspects of planning and preparation. In addition, Mary Ross (District of Columbia Public School System, and Anna Faye Vaughn-Cook (University of the District of Columbia) provided the essential perspective of those who deal daily with the issues raised in this treatment. In the long run, however, the booklet was a direct result of the concerned and realistic issues raised by countless numbers of unnamed practitioners in workshops, seminars, and discussions on this topic.

Walt Wolfram

DIFFERENCE AND DISORDER

In recent years, many discussions in speech and language pathology have contained references to "language differences." How is this label being used? How do language "differences" compare with speech and language "disorders?"

These children speak a dialect, but they speak fine in terms of their dialect. That child has a language difference, not a disorder.

Statements such as these are not uncommon during the course of a language assessment. These comments are based on the fact that speakers of the same language can differ from one another in their language systems without one being "normal" and the other "disordered" or pathological. Variation in language is a natural reflection of cultural and community differences, and differences along these dimensions are well within the normal range of behavior in our society.

Language difference is the term used to refer to normal variation in language from community to community, which is related to factors such as region, class, ethnicity, sex, age, etc. In language difference, an individual's speech and language patterns reflect the norms of the community environment in which the language was learned. *Language disorder*, on the other hand, refers to cases where certain forms do **not** match the norms of a particular community. That is, an individual deviates in some way from community language patterns. There is a small percentage of people in every community whose speech and language is not appropriate according to community norms. These are the individuals who show genuine speech and language disorders. The key consideration in determining a "difference" as opposed to "disorder" is the language norm of the community from which the speaker comes.

Isn't the term "difference" really just another label for what has traditionally been referred to as *dialect?*

Yes, for the most part. In its technical sense, *dialect* refers to any variety of a language shared by a group of speakers, and this is how the term "language difference" has come to be used. Dialect, in its technical usage, refers to any aspect of variation which differentiates groups of speakers. Studies of numerous groups of speakers have shown that this variation is quite systematic and patterned, and it is always governed by regular rules. These studies have involved not only English, but other languages as well. Languages are normally divided into dialects, so that everyone who speaks a language speaks some dialect of that language. Speaking a particular dialect of a language is like living in a particular neighborhood within a city, where a person is a resident of both the particular neighborhood and the larger city at the same time. So, if you speak the English language, you necessarily speak some dialect of the English language.

If the term language difference means roughly the same thing as dialect, why use the term *difference* instead of dialect?

The reference to dialect given above was a technical one, the one used by students of the structure of language, such as linguists and dialectologists. In its popular uses, the term dialect may have connotations about the nature of language variation that are misleading. For instance, its use is sometimes restricted to less prestigious varieties of English. Thus, it may be used to refer to a working-class Black or White variety, but not to its middle-class counterpart. A comment such as "That

person speaks a dialect" often uses the term with this kind of connotation. It also implies that only some speakers of English speak dialects, namely, those who do not speak prestige varieties. In order to avoid these kinds of misconceptions, the term dialect is sometimes avoided and the more neutral term *language difference* is used instead.

The preceding discussion seems to assume that it is important for speech pathologists to know about language differences as well as disorders. Why should this type of information be necessary?

Speech pathologists typically study normal language structures and how language normally develops as a basis for understanding various speech and language disorders. For example, a speech pathologist studies the way verb phrases in English are constructed and learned to be able to diagnose language problems involving this structure. Such information also helps in planning therapeutic procedures related to this structure. In order to diagnose and treat disorders, then, information about what is normal in language is essential.

Variation is an intrinsic part of language, and so understanding language differences is an important part of understanding normal language. This variation is not simply a topic for academic understanding, however; it enters into the everyday decisions concerning clients. Thus, it is not enough simply to know about the verb phrase in an idealized version of standard English; it is necessary to know how it actually operates for specific communities of speakers. Accurate assessments and therapeutic strategies for particular communities are dependent on this knowledge about language variation.

Do all clinicians need to get background knowledge in language differences as a prerequisite for clinical work?

Given the social, regional, and ethnic diversity in our society, it is reasonable to assume that most practicing speech pathologists will encounter speakers representing some of the nonmainstream varieties of English (often simply referred to as "nonstandard English"). These nonmainstream varieties are typically associated with certain class, ethnic, or regional groups of speakers. Appropriate assessment and remediation for these speakers are the clinician's responsibility, and the lack of information about normal language patterns and the range of variation can have very practical ramifications for diagnosis. An understanding of language differences may affect all levels of clinical contact, from the initial screening of clients for potential speech and language disorders to the dismissal of clients from therapy.

Given the potential significance of dialect differences, it seems reasonable to expect clinicians to be familiar with the characteristic features of at least those dialects represented within their clientele. This expectation does not, however, mean that they need to know all the technical formulas for rules that are sometimes used by linguists. Instead, two types of information provide the basic structure needed to understand a dialect difference. First, the clinician must know what forms are involved; the actual sounds of structures that occur in the particular dialect as a regular correspondence for the forms of other dialects of English. Second, the clinician needs to know precisely where these forms may occur, since their distribution is often restricted in some way. Information of this kind is basic to describing any language feature, whether it is expressed in a technical formula or prose.

Two sample cases will help demonstrate how these pieces of information fit together. The first example involves regional variation in English, while the second is a case of social variation. In parts of southeastern New England, there is a characteristic known as "*r*-lessness." This refers to the fact that the *r* found in other dialects of English may be absent, replaced by a schwa [ə] type of sound or no sound at all. For example, items such as *car* or *court* may be pronounced something like *cah* or *cou't*. The first important bit of information (the forms involved) for this feature, then, is that no consonant may occur where *r* occurs in other varieties of English. The second fact involves knowledge of where the "*r*-lessness" is found in words. As it turns out, the *r*-lessness in New England is found only when the *r* follows a vowel and does **not** precede a vowel. For example, it applies to items like *car* and *court* because the *r* follows a vowel and does not occur before another vowel. But the *r*-less pattern would **not** apply to items such as *broom* or *carrot* in this variety. With broom, the *r* follows a consonant rather than a vowel, and with *carrot*, the *r* is followed by a vowel. Thus, these items do not qualify for the application of the "*r*-less" rule; that is, the *r* is pronounced as it is in other dialects. Both the form and word context are essential in understanding the nature of this dialect difference.

As a second example, we can look at the voiceless *th* (phonetically [θ]) as it is found in some working-class Black communities (as in the first sound of the word *thin*). We note that these varieties may use the form *f* to correspond with what other varieties may pronounce as the voiceless *th*. This is the first piece of information needed. We now want to know where this form occurs. We find this *f* sound in medial position within a word, as in *aufor* for *author* or *bafroom* for *bathroom*, or at the end of a word, as in *baf* for *bath* or *toof* for *tooth*. Notice, however, that it does not typically occur at the beginning of a word, so that items such as *thought* and *thick* would not be affected by this rule. We see, then, that the two aspects of knowledge always go hand in hand in describing the characteristics of dialect differences. This type of information is, of course, crucial for any rule of a language, and speech pathologists should have access to these kinds of information for those dialects represented by their clientele.

How accessible is information about the dialects of English to speech pathologists? For what dialects of English is there information of this type which is accessible to speech pathologists?

For over 50 years, there has been ongoing research on the regional varieties of English, so that there is considerable information on the pronunciation and vocabulary differences based on geographic factors. There is less information on the particular grammatical rules governing regional differences, although some is available.

Information on social and ethnic variation in language has been accumulating rapidly in the last decade. There are fairly comprehensive descriptions of what is often referred to as Black English or Vernacular Black English, the variety most typically associated with working-class Black communities. There are also descriptions of rural Appalachian White varieties and some descriptive information on rural varieties in the deep South. These descriptions, however, are not always sensitive to the particular differences found in specific communities. Available summaries of varieties such as Black English and Appalachian English focus on the shared characteristics across communities, so that community-specific information is still needed.

There is also an emerging resource of descriptive information on ethnic and class varieties influenced by other native languages, such as Spanish-influenced English in the Southwest and native American Indian varieties of English. Within the next few

years, descriptive information on these kinds of varieties should become much more accessible to speech pathologists who serve these populations.

Suppose a speech pathologist works in a rural setting in southern Louisiana, within the context of a Cajun community. As it turns out, there is no available description or summary of the main characteristics of the particular variety which is found in the area. What is the clinician supposed to do with reference to the local dialect in such a situation?

Insight into particular language forms used by various populations is not the exclusive domain of the linguist or dialectologist. As observers of linguistic behavior, speech pathologists are in an excellent position to contribute to the understanding of many types of dialect differences.

Observation requires the consideration of both social and linguistic factors. Any feature of speech which consistently turns up for a particular social group must be considered as a candidate for a language difference. Thus, observation involves some knowledge of the community as represented by its speakers. The kind of linguistic information necessary was indicated above—the clinician must know what the particular form is, and the linguistic contexts in which it is found.

It almost sounds as if the speech pathologist is expected to be a linguist or sociolinguist as well as a clinician. Is this kind of expectation in terms of observations about language differences somewhat presumptuous?

Not really. Actually, speech pathologists have often made these kinds of observations, long before the emergence of more expansive social dialect studies. Thus, it would not be uncommon for a New England clinician to dismiss the lack of *r* in an articulation test calling for the pronunciation of *car*, since *r*-lessness is a well known characteristic of the area. By the same token, some speech pathologists may have been making the same type of observation about the final *f* for *th* (e.g., the *toof* for *tooth*) in a working-class Black community before ever reading a summary of the features of this variety. These clinicians have made a distinction between language difference and disorder based on their experiences with the particular communities. This type of observational ability is not dependent on available descriptive summaries; it simply requires someone who pays close attention to speech and language and someone with the ability to organize observations in a systematic way.

There is another reason for suggesting that observations by speech pathologists are necessary, even when descriptive summaries are available. Most of the current dialect summaries emphasize the general characteristics of various dialects rather than local differences. So, a description of a variety labeled "Vernacular Black English" or "Appalachian English" would focus on those structures which may cut across different communities. In order to apply these summaries to a specific community, however, some adjustments may have to be made for local and regional varieties of the dialect.

For example, we have already mentioned in several places the correspondence of *f* for word-final and medial θ in Vernacular Black English. But a closer inspection of some Black regional varieties, particularly in areas found along the U.S. southeastern

coastal area, shows that *t* may be used as well, so that we may get *toot* as well as *toof*, corresponding to *tooth*. Relevant adjustments like this have to be made to the rules found in these general summaries, and these are dependent on the same skills discussed above.

The usefulness of these observational techniques for concerned speech pathologists includes a very practical benefit as well. In order to make these observations, it is necessary to get a feel for language outside the clinic. Time spent in those places where language is used quite naturally—on the playground, in the shops, and so forth—is a worthy investment of time; and special attention can be given to the characteristic language features of a particular group of speakers. Language use in these situations can provide insight into those forms which must be considered a part of language differences.

Suppose the speech pathologist decides to spend time in those places where language is used in quite a natural way. There is a very practical question which comes to mind: What exactly are you supposed to be listening for in these kinds of situations?

This is best illustrated by another example, one that could happen in a rural White southern community. A child is referred to the speech pathologist by a classroom teacher, and in the course of the assessment, the clinician observes, among other things, the absence of plural *-s* in items such as *four mile, three yard, four bushel*, etc. The question arises: Is the absence of *-s* plural on these items an aspect of systematic dialect difference, or is it an indication of difficulty with the concept of plural marking? The speech pathologist may have encountered other children who have shown this language characteristic, so it is considered as an item to be checked out in some natural settings. Within such settings, speakers of comparable social characteristics are observed (in this case, White, rural, working-class). The speech pathologist might ask these kinds of questions: Do the child's peers use the form? Do adult members of the community use it? How consistent does its use appear to be? Do any particular reactions take place when the form is used in these natural settings? With these questions in mind, the pathologist finds out that the absence of *-s* on nouns of this type (weights and measures) is quite typical of the entire set of peers, is used by adult members of the community, is quite consistent with these kinds of nouns, and is used without any unusual reaction from other speakers. The upshot, then, is that it is a form which is an integral part of the particular variety of English spoken by a regional and social group. It thus qualifies as a language difference, not a disorder.

Most investigators of language recommend that actual examples of language differences be written down in some way easy to organize (for example, file cards), since dependence on total recall can sometimes lead to the wrong conclusions about how a form is being used. Sufficient linguistic context should be included so that various hypotheses about the use of the form can be checked very closely.

Most speech pathologists spend considerable time working with children. Therefore, the role of dialect differences in the speech and language of children is especially impor-

tant. Is there a particular age level when dialect differences emerge in the speech of young children?

Unfortunately, there is very little actual research on dialect differences related to language acquisition. The limited research, however, does indicate that there is a common stage of language development which all children go through regardless of the adult dialect they will speak. That is, there is a period when dialect differences are not found in children, since all speakers of English pass through the stage regardless of the adult dialect they will eventually use. As children emerge from this common period and start to conform more closely to the adult norms, dialect differences appear.

A couple of examples can illustrate this point. The so-called double negative, in sentences like *I don't want no more* or *She wouldn't find nobody*, seems to be found in all young children at one stage of development, regardless of their eventual adult norm. Thus, even children who have no apparent language models for this form from parents or older peers will use such constructions. At a later stage, groups of children will diverge in accordance with particular adult dialects, some using the single negative counterpart (e.g., *I don't want any more* or *she couldn't find anybody*) while others maintain double or multiple negatives in conformity with the adult dialect form. A similar situation is found with the absence of *be* in certain contexts such as *She going home* or *You in the house*, corresponding to the contracted forms in *She's going home* or *You're in the house*. At a certain stage in the acquisition of English, all children apparently use some structures with the absence of this *be* form. But those who have adult models without *be* absence will eventually move to the use of contracted forms, while other children will maintain some absence of *be* to conform to the adult dialects.

It is difficult to place even an approximate age at which dialect differences emerge, since it is so dependent on the language structure in question. For example, in pronunciation, we may find one dialect difference emerging as early as age three and another will not emerge until age seven. Vowel differences related to dialect differences may be detected as early as age three, since vowel patterns may be acquired relatively early. We thus may get one three-year-old speaker saying *time* with a vowel glide, and another saying *tahm* without a vowel glide, and these differences may be related to the dialect of the community. On the other hand, a difference in the use of the *th* in *tooth* (for example, *toof* versus *tooth*) may not emerge until age seven since this is one of the later consonants acquired by children.

In grammar, a structure such as the negative we mentioned above may not reveal significant dialect difference until the age of seven or eight, but *be* absence may emerge in different forms at an earlier age, around four or five. The general principle which seems to govern when the dialect difference will emerge seems to be as follows: *The earlier the adult form is normally acquired, the earlier you may expect the dialect difference to emerge*. There seems to be little doubt that, by the age of six or seven, children have acquired a great number of structures which will indicate dialect differences.

Why do a lot of language forms in nonstandard dialects resemble earlier stages in the development of standard English? For example, the *f* pronunciation in *tooth*, or the use of double negatives (*He wasn't nowhere*) are characteristic of stages in the language develop-

ment of standard English speakers, but they are also found in some dialects for speakers of all ages. Why is there this similarity?

The similarities between certain dialect differences and stages in language learning are due to the way language systems are organized and how these systems change over time. There are certain guiding principles which govern the rules of a language. These principles are preferences in terms of how languages organize themselves and change. For example, language systems prefer rules that are more general than specific in nature, and will tend to change toward more general rules, other things being equal. Also, there is a natural preference to eliminate exceptions to rules. In pronunciation, there is a natural preference to change sounds that are physiologically less involved, and pressure to eliminate sounds which do not serve a key role in differentiating words.

These principles of preference guide the organization and change of language, including the way it is learned by children and the way it varies in different dialects. These are, admittedly, complex and are probably best illustrated by a couple of examples. Take the example of double negatives, which we have already mentioned several times. The actual rules for negatives in English are quite intricate; in all varieties of English, the negative is, however, commonly found in the verb phrase, as in sentences like *He wasn't here* or *He didn't want the job*. But when an indefinite form (a word such as *any, anything*) occurs in a sentence, another option opens up. The negative can appear on the indefinite. Thus, we can get constructions like *He wasn't anywhere* or *He was nowhere*. Notice that the option *He was nowhere involves removing the negative from the verb phrase (was)* and placing it *only* on the indefinite. A more general rule would be to simply place the negative on the indefinite while keeping it in its common verb phrase position, giving *He wasn't nowhere*. We thus see that the preference for a more general rule is operating here. As dialects have changed over time, this preference has manifested itself; hence, we have some dialects which use the more general process. And, as children start out modifying adult forms following the tendency to generalize rules, they will modify the adult forms in this way; thus, a language acquisition strategy will modify negatives in this way. So, the same principle is at work in quite different settings.

A second illustration is the case of irregular plurals. The regular plural form, spelled as *-s* or *-es*, is the dominant pattern of pluralization in English, but there is also a small subset of plurals that are formed differently (e.g., plurals like *sheep, oxen,* and *mice*). There is considerable pressure within the language system to regularize these plurals which comes from the preference for rules without exceptions. Regularizing the plural pattern, so that *sheep* is pluralized as *sheeps, ox* as *oxes,* and *mouse* as *mouses*, is a very natural change, one that has been adopted by a number of varieties of English. It is also characteristic of children's language development that they first learn rules without their exceptions. So again we see a similarity due to the nature of language organization and the pressures it is under in terms of the preferred principles for organization.

Given the similarities between the structures found in certain stages of development for children speaking standard English and some structures of nonstandard English dialects, why can't you simply say that nonstandard varieties show the incomplete learning of standard English rules?

Nonstandard varieties have adopted structures which followed the natural course of change in language; they do not represent incomplete versions of English. Once a

change has taken place, resulting in a language difference, the subsequent generations of speakers in each group must be evaluated in terms of how well they acquire the language of their community. It would be inappropriate to evaluate children's language acquisition abilities on any norm other than the one which is found in their immediate context—the one serving as their model for acquisition. If a child's language model is one which includes double negatives, or regularized plurals, this is the one that must serve as the norm for judging acquisition.

This point can be best illustrated by changes that have occurred in the English language. Several centuries ago, English had a more elaborate system of subject-verb agreement, which included the addition of *-est* on second person singular forms (e.g., *thou goest*) and *-eth* on the third person singular forms (e.g., *he goeth*). Over time, this system changed into our current system, in which main verbs are no longer marked this way. We would not, however, say that speakers who learn the current system show an incomplete learning of English verb agreement; they have simply learned a variety of English which has a different agreement pattern.

The same perspective must be applied to speakers of varieties other than standard English. If a variety has undergone a change which makes it different, its speakers' language forms can only be evaluated with reference to the different rules of that variety. So, if the dialect has a subject-verb agreement pattern which does not mark the third person with *-s* (e.g., *he go*), then its speakers must be judged in terms of how well this pattern is acquired, not the pattern of another dialect.

It is important not to equate successful language acquisition with the learning of middle-class, mainstream varieties of English. Language prestige (which results in the favorable evaluation associated with mainstream varieties) is not a matter of good or bad acquisition skills, but is a matter of status, influence and social dominance. If, for example, mainstream middle-class groups used double negatives, this structure would be "standard" and no one would bother to relate it to incomplete learning. (As a matter of fact, there was a period in English when double negatives were the favored forms.) So, we see that mastery of standard English rules is not a true measure of successful language acquisition.

Suggested Readings

Dialogue on Dialects and *Exploring Dialects*, booklets one and two in this series, give much more detailed attention to background information about the structure of different social and regional varieties of English. A well known article by William Labov entitled "The Logic of Nonstandard English" argues strongly for the inherent logical and structured nature of nonstandard dialects of English, as does the ASHA article by Joan Baratz entitled "Language in the Economically Disadvantaged Child: A Perspective." *Exploring Dialects* gives some of the actual language forms characterizing some of the varieties of English; these are also outlined in the ASHA publication, *Social Dialects: Differences versus Disorders*. A more detailed description of these features is found in Walt Wolfram and Ralph Fasold's text, *The Study of Social Dialects in American English*, Chapters Six and Seven.

LANGUAGE ASSESSMENT AND LANGUAGE DIFFERENCES

Children who speak nonstandard varieties of English tend to score lower on tests of speech and language develop-

ment than their standard English speaking counterparts. Why is this so? Can this difference in scores be seen as an indication that these speakers are learning their language at a slower rate than children who come from mainstream, standard English speaking communities?

Differences in socially, ethnically, and regionally differentiated groups certainly do show up when examining the scores achieved by different populations on many speech and language development tests. On this basis, some researchers have interpreted differences in scores as evidence for a delay in the speech and language development of nonstandard English speakers. The following statements represent this viewpoint.

> By the time they are five years old, disadvantaged children of almost every kind are typically one or two years retarded in language development. This is supported by virtually any index of language development one cares to look at. (From Carl Bereiter, "Academic Instruction and Preschool Children," 1965)

> Disadvantaged children's pronunciation and articulation, vocabulary, sentence length and use of grammatical and syntactic structures resemble the language of privileged children of a younger age level. (From Jane Raph, "Language and Speech Deficits in Culturally Disadvantaged Children and Their Implications for the Speech Clinician," 1967)

Such conclusions have very serious implications in many educational areas, and they have been strongly opposed by other researchers looking at the same differences in test scores.

A main argument against the position of language delay concerns the norms used to determine speech and language development:

> Closer inspection of claims about the retarded linguistic development of lower-class children reveals the fact that these children do not speak standard English is taken to mean that they are linguistically retarded, and, in many cases, that they are cognitively deficient. (From Wolfram and Fasold, *The Study of Social Dialects in American English*, 1974)

The argument here is that any measure of language development or proficiency which does not take into account language differences will give a distorted picture of actual speech and language progress for speakers who represent dialects other than standard English. The interpretation in terms of delay, then, comes from the biased nature of the instruments used to assess speech and language. In most cases, such instruments are tests of one type or another.

A simple exercise can demonstrate what we mean here. Suppose a test of articulation development includes the *th* (phonetically [ð]) sound in the item *that* as one of its test items. Any response other than *th* ([ð]) is marked incorrect, and this sound is considered as not yet acquired by a child. The *th* sound, of course, is the one that would be expected in the speech of a standard English speaker. Now, if a community of speakers regularly used *d* as a correspondence for *th* in this item, a child from that community should be assessed in terms of the community's norms. In essence, the *d* pronunciation is appropriate for this child. The problem is that the child might be rated poorly in articulation development for that feature. Thus, there is a conflict between what is to be considered correct from the standpoint of standardized scoring procedures and the appropriate response in terms of a community's speech and language norms.

Are there really enough items in speech and language tests related to dialect differences to make a significant difference in the scores of speakers who do not speak standard English in their home community?

Naturally, the number of items in tests related to dialect differences depends on the specific test, but some tests have many items of this type. For example, the "Grammatic Closure Subtest" of the *Illinois Test of Psycholinguistic Abilities* (ITPA) is a test commonly used to assess certain aspects of grammatical development which contains dialect-dependent items. For the sake of reference here and later, it is worth reproducing all the stimulus items in the test, the responses that would be marked "correct" according to the scoring procedures, and an indication of items having other responses in different dialects. These other responses would, according to the scoring procedures, have to be considered incorrect, yet they would be quite appropriate in terms of the particular dialect. In this case, we illustrate appropriate responses for two nonmainstream varieties of English, broadly referred to as Appalachian English and Vernacular Black English.

Notice that 24 of the 33 responses for Appalachian English speakers and 23 of the 33 rsponses for Vernacular Black English speakers may be different based on the structure of these varieties. These are responses that would be appropriate for the norms of these dialects, yet they would have to be considered "incorrect" according to the designated procedures for scoring.

When scores of this type are correlated with tables that give the expected number of correct responses for different age levels of standard English speakers, differences of over five years may be indicated based solely on a child giving dialectally appropriate responses. That is, it is possible for a 10-year-old speaker of Appalachian English to score on a level which would correlate with a five-year-old standard English speaker if the child simply manifested all the dialectally different forms in the test.

Why would you expect a speaker of a variety such as Vernacular Black English or Appalachian English to use certain forms in a test?

Expectations about the usage of different language forms are based on a technique of language comparison known as **contrastive linguistics.** In contrastive linguistics, rules of two languages or varieties of language are compared to see precisely where they are similar and where they are different. Based on the differences, we expect that the influence of a rule in one language may affect the production of forms in the other language. If, for example, a speaker of Spanish usually places the adjective after the noun (e.g., *agua sucia*, "dirty water"), we may explain that person's production of the English phrase "dirty water" as "water dirty" on the basis of the predominant Spanish rule for placing adjectives and nouns. Descriptive summaries of dialects such as Vernacular Black English and Appalachian English include specific rules for forms that contrast with standard English varieties, as in the forms cited in the sample test. So the application of the contrastive principle, the comparison of similarities and differences between dialects in English, serves as the basis for our expectations of different forms in the test items.

Are the predictions of influence from dialect differences in tests realistic? In other words, would you really expect to get as many different forms as specialists say you may get in the actual testing?

The answer to this is really yes and no. Yes, the predictions are realistic in terms of the rules of dialect differences which explain the systematic use of these alternant

ITPA Grammatical Closure Subtest with Comparison of "Correct" Responses and Appalachian and Vernacular Black English Alternant Forms

Stimulus with "Correct" Item According to ITPA Test Manual	Appalachian English Alternant	Vernacular Black English Alternant
(Items considered to be "correct" according to the procedures for scoring are italicized.)		
1. Here is a dog. Here are two *dogs/doggies*.		dog
2. This cat is under the chair. Where is the cat? She is *on/*(any preposition—other than "under"—indicating location).		
3. Each child has a ball. This is hers, and this is *his*.	his'n	
4. This dog likes to bark. Here he is *barking*.		
5. Here is a dress. Here are two *dresses*.		dress
6. The boy is opening the gate. Here the gate has been *opened*.		open
7. There is milk in this glass. It is a glass *of/with/for/o'/lots of milk*.		
8. This bicycle belongs to John. Whose bicycle is it? It is *John's*.		John
9. This boy is writing something. This is what he *wrote/has written/did write*.	writed/writ has wrote	writed/wrote
10. This is the man's home, and this is where he works. Here he is going to work, and here he is going *home/back home/to his home*.	at home	
11. Here it is night, and here it is morning. He goes to work first thing in the morning, and he goes home first thing *at night*.	of the night	
12. This man is painting. He is a *painter/fence painter*.	a-paintin'	
13. The boy is going to *eat* all the cookies. Now all the cookies have been *eaten*.	eat/ate/eated/et	ate
14. He wanted another cookie, but there *weren't any/any more*.	none/no more	none/no more
15. This horse is not big. This horse is big. This horse is even *bigger*.	more bigger	more bigger
16. And this horse is the very *biggest*.	most biggest	most biggest
17. Here is a man. Here are two *men/gentlemen*.	mans/mens	mans/mens
18. This man is planting a tree. Here the tree has been *planted*.		
19. This is soap, and these are *soap/bars of soap/more soap*.	soaps	soaps
20. This child has lots of blocks. This child has even *more*.		
21. And this child has the *most*.	mostest	mostest
22. Here is a foot. Here are two *feet*.	foots/feets	foots/feets
23. Here is a sheep. Here are lots of *sheep*.	sheeps	sheeps
24. This cookie is not very good. This cookie is good. This cookie is even *better*.	gooder	gooder
25. And this cookie is the very *best*.	bestest	
26. This man is hanging the picture. Here the picture has been *hung*.	hanged	hanged
27. The thief is stealing the jewels. These are the jewels that he *stole*.	stoled/stealed	stoled/stealed
28. Here is a woman. Here are two *women*.	womans/womens	womans/womens
29. The boy had two bananas. He gave one away and he kept one for *himself*.	hisself	hisself
30. Here is a leaf. Here are two *leaves*.	leafs	leafs
31. Here is a child. Here are three *children*.	childrens	childrens
32. Here is a mouse. Here are two *mice*.	mouses	mouses
33. These children all fell down. He hurt himself, and she hurt herself. They all hurt *themselves*.	theirselves/ theirself	theirselves/theyselves theirself/theyself

forms. There are specific rules which would result in the production of these forms. On the other hand, we would not typically expect a particular speaker of a different dialect to use **all** of these forms in a given test. There are several reasons why we would not expect these forms to occur at every opportunity. In the first place, many of the forms representing dialect differences fluctuate in their usage. That is, they are not used every time they might be used. So, a speaker who need not use a plural -s as a part of the language system (e.g., *two bed*) might fluctuate with the use of the -s (e.g., *two beds*). This kind of fluctuation between forms is quite natural, and is found in all dialects, whether they are considered standard or nonstandard English. For example, it is quite common for a standard English speaker to fluctuate between the presence and absence of *that* in a sentence such as *He thought that he could do it* and *He thought he could do it*. This natural type of fluctuation is one reason why all the predicted forms will not actually occur in a given test.

A second reason is found in individual differences. Not **all** speakers of a particular variety use all the rules described for that dialect. Summary descriptions of varieties such as Vernacular Black English or Appalachian English tend to be composite, and an individual speaker may not use all the forms found in the variety.

Finally, differences may result from the test situation in which the items are elicited. Tests usually promote formal language usage, and children sometimes conform more closely to norms of standard English in a test than they would in a natural setting of language use. It is surprising how young children become sensitive to different styles of language use for different occasions. So some of the typical features of a variety may be avoided in the relatively formal situation of testing.

The reasons given above may explain why all the predicted differences might not actually occur, but they do not lessen the overall penalizing effect of a test which rejects community norms. Even if a speaker of Vernacular Black English or Appalachian English only manifested half of all the total possible responses in terms of the dialect, the difference in the score could be quite significant. In terms of the "Grammatic Closure" of the ITPA, the difference could still represent a score differential which adds up to two or three years. The "psycholinguistic age" estimate, then, would show such a speaker to be less mature because of language differences. So, we see that dialect differences can make a significant difference in speech and language test performance.

The picture that has been painted for speech and language tests is quite dismal. Are all these tests really as biased against speakers of socially, ethnically, and regionally different groups as some people have made them to be?

Naturally, different tests have different effects in terms of speakers from dialects other than standard English. Two factors have been identified which contribute to the extent of the effects, one related to the dialect in question and the other related to the test items. The more distant the dialect of the speaker is from the dialect used as the norm of the test, the greater the potential penalty the test holds for the speaker. So, if a variety of English in the North is used for norming the correct responses on a test, then the test might hold some bias for the White nonstandard English speaker from another northern context, but this would not be as great as that for the speaker from a rural southern Black community. This difference would be attributed to the fact that rural southern Black varieties are linguistically more different from the norm dialect than their northern White counterpart.

The second factor affecting the level of bias is the forms within the test itself. Some tests contain more forms subject to dialect differences than others. The more forms in a test which have alternatives in various dialects, the greater the bias will be in terms of different dialects.

So there is actually a considerable range in the level of potential bias a test may hold for speakers of nonmainstream varieties. In some cases, the potential for linguistic bias can be quite significant, affecting large numbers of items, while in other cases there is a limited number of items which hold such potential.

Are there some tests which recognize dialect differences and allow for them in scoring procedures, so that a speaker from a nonstandard variety would not necessarily be penalized in assessing speech and language development based on the test?

Some tests do recognize dialect differences as a potential factor affecting the results on the test. In some cases, this recognition is quite explicitly stated, while in other cases it seems implicit within the test examiner's instructions. Several different procedures for dealing with such differences can be found in current tests. In some instances, the administration of the test is to be limited to standard English populations. This procedure is sometimes stated explicitly and sometimes implied by other information on the test. For example, the *Northwestern Syntax Screening Test* explicitly states that the application of this test should be limited to standard English speaking populations. The "Grammatic Closure Subtest" of the ITPA does not state this explicitly, but it might be inferred from the statement that "the task elicits the child's ability to respond automatically to the often repeated verbal expressions of standard American speech (Examiner's Manual)." This approach has the practical problem that the tests are often not restricted to standard English speaking populations, despite what the directions may say or imply. Populations of speakers from various dialect groups are given the test, and all are scored on the same standard English basis.

Another strategy which has been adopted in some tests is the acceptance of certain dialect differences as correct responses in the scoring procedures. An example of this is the *Fisher-Logemann Articulation Test*, which has a section listing some of the responses which should be scored as correct for particular populations. In principle, this type of flexibility is viewed favorably by those researchers concerned with dialect differences. However, in application, it turns out that the dialect information provided is often too scanty and incomplete. That is, the information given about various dialects often is not adequate when compared with current descriptions of different dialects of English. This problem can be alleviated by the inclusion of more descriptive detail. For example, an experimental version of a new language development test, *The Structured Photographic Language Test*, gives quite detailed alternant responses to be expected for Vernacular Black English speakers.

Finally, there has been some preliminary investigation of tests designed specifically for speakers for various nonmainstream varieties, particularly Vernacular Black English. For example, a vocabulary test concentrating on items peculiar to Black culture has been offered as an alternative to some of the current vocabulary tests, which are limited to those items considered a part of mainstream cultures. At this point, such tests have not been made available for general use, and they have not been subjected to the experimentation and norming usually required for standardizing a test.

Suppose a person scoring one of the current standardized tests simply gave credit for different dialect forms. For example, a nonstandard speaker who used double negatives such as *They don't want no more* would get credit for a correct response, just as the standard speaker who used *They don't want any more;* or, a Vernacular Black English speaker would be credited as giving a correct response if giving the item *toof* for *tooth*. Would the traditional tests of speech and language development then be equitable for different social and ethnic groups?

Researchers active in the investigation of dialect differences and testing generally favor giving credit for appropriate dialect forms in using current tests of speech and language. So, a form such as *They don't want no more* or *toof* would be considered correct in scoring for the speaker of a nonstandard variety if these structures were a part of this variety. Although this procedure is recommended by some researchers, most tests have not established norms for these different populations of speakers in terms of these responses, so the pathologist must be cautious in interpreting the scores as truly objective.

Research has also shown that bias in testing is not limited to the simple difference in linguistic forms, although this is certainly a part of it. Other elements of the testing situation have to be taken into account as well in considering equity in speech and language assessment. For one, the kind of social occasion in which testing usually occurs is typically very culture-specific, and middle-class children are generally much more socialized into the situation and values of such a situation than other social groups. So factors in this situation can contribute to a bias in favor of Anglo middle-class children. Values about when to speak, how much to say, and what to say—often important aspects of a testing situation—seem much more in line with middle-class expectations than those of other groups.

Another aspect of testing which goes beyond different language forms in responses is the way in which language data is obtained. Certain methods for obtaining information use strategies which are often unique to testing. For example, certain ways of asking questions occur almost exclusively in tests (e.g., a question posed in terms of an incomplete sentence as in "Here is one bed, here are two _____") as do some approaches to definitions (e.g., the notion of "opposite," as in *tall-short*). These tasks are quite different from the natural uses of language outside a test situation (for example, questions and definitions take a quite different form). They require a type of special style of language use which is peculiar to testing. There is some evidence that middle-class children are more acclimated to this special language use than other children, and this would lead to an advantage in testing. So, bias in testing extends beyond differences in language forms per se, and most researchers do not feel that the simple recognition of different dialect forms would result in total equity.

In the final analysis, the question remains: Can you use the traditional speech and language tests at all in the assessment of different social and ethnic groups? Alternative tests have not really been provided, so what can a clinician do?

The range of opinion about this question is certainly wide, from some who have called for a moratorium on testing until new, more equitable tests can be constructed

to those who maintain that tests should remain in use until sufficient "hard" research data shows they are not valid for different groups. There are several practical concerns to be faced in coming to a solution. For one, many agencies (e.g., school districts) require "objective" test data in determining speech and language problems for their community. A speech pathologist must also consider the needs of people from nonmiddle-class communities in terms of those who do, in fact, have genuine pathologies of one type of another. This clientele cannot be ignored, despite the inadequacy of tests. Ignoring different community groups would just add one inequity to another. There are some very serious matters which make a practical solution difficult.

Several suggestions have been offered. Any test which is used for a nonstandard English speaker must be used with extreme caution, and a number of guidelines have been proposed for the user of current tests. One essential consideration is the determination of *what the test actually is testing for a nonstandard speaker in relation to what it claims to test.* From such a perspective, a test like the *Peabody Picture Vocabulary Test* might be seen as a measure of passive recognition of culturally specific vocabulary items, but not as a measure of basic language development.

A test user should also determine *what types of specific responses would be considered appropriate in terms of the norms of the speaker's community.* This consideration means that those items in the "Grammatic Closure Subtest" of the ITPA which are dialect-appropriate might be accepted as correct responses in scoring. This adaptation would need to be noted in scoring to provide a record of what was done, and certain problems might arise from modifying the stated protocol, but these difficulties seem secondary to the need for the elimination of bias in testing.

The problems in testing beyond actual linguistic forms make it necessary to examine *the kinds of assumptions the test makes in terms of the social situation and the tasks involved in actually performing the test.* In other words, the examiner must determine how well a person plays the experimental game required in the test. Do the clients understand the skills required for performance and are they able to enter this special social situation with reasonable comfort, or do they show the effects of such a specialized social situation with a peculiar style of language usage?

Finally, the examiner must consider *what kinds of classifications are warranted based on the potential bias in the test.* This includes both linguistic difference and aspects of the test which go beyond linguistic form. So, the *Peabody Picture Vocabulary Test* might be an adequate indicator of passive vocabulary recognition of mainstream culture items, given a particular task orientation, but its use as a measure of language development per se or a measure of intelligence quotient would be unjustified. Or, the correlation of "correct items" on the "Grammatic Closure Subtest" of the ITPA with "psycholinguistic age norms" is appropriate only if (a) the speaker is given credit for dialect-appropriate responses and (b) the effect of the particular method of eliciting language data is taken into account.

Two general recommendations emerge from the considerations outlined above. First of all, there are some tests which are more adaptable than others for use with speakers of nonstandard English. These are certainly to be preferred over those which cannot be adapted readily to reduce the bias involved in their use.

The second recommendation is to consider data from tests along with data from more natural contexts, such as spontaneous conversation. This follows a trend for all kinds of speech and language assessment, not only that for different social and ethnic groups. But it is a recommendation which must be emphasized for situations where groups may be penalized by results from biased tests and testing situations. In the overall assessment, the data from this source should take precedence over that obtained from tests, so that the tests, rather than the data from natural conversation are

considered supplemental. This recommendation emphasizes the need for clinicians to acquire skills needed for evaluating and analyzing such natural speech and language data. .

Suggested Readings

The article "On the Application of Sociolinguistic Information: Test Evaluation and Dialect Differences in Appalachia," by Walt Wolfram and Donna Christian, can help the reader work through some of the practical procedures for evaluating tests. Appalachian English is used as the illustrative case in this article, but the procedures suggested are not limited to any one dialect. Those engaged in the widespread use of standardized tests can find a clear, helpful statement of basic requirements for tests in *Standards for Educational and Psychological Tests*, although this manual is not specifically concerned with social and language differences. An article by Anna Fay Vaughn-Cooke entitled "Evaluating Language Assessment Procedures: An Examination of Linguistic Guidelines and Public Law 94-142 Guidelines" examines a number of popular tests used in speech and language pathology in terms of their diagnostic capabilities. A specific consideration of strategies used for minority group testing in speech and language pathology is found in the article by Beth Evard and Darrell Sabers entitled "Speech and Language Testing with Distinct Ethnic-Racial Groups: A Survey of Procedures for Improving Validity."

REMEDIATION STRATEGIES & DIALECT DIFFERENCES

There are still people from different social and ethnic communities who have genuine pathologies when considered in terms of the norms of their communities. Should the approach to therapy with these clients differ in any way from the approach used for clients from mainstream communities?

Understanding dialect differences can be just as important in a therapeutic setting as it is in a diagnostic one. There are a number of considerations about dialect differences which have to be confronted by the clinician in the context of therapy. These concern matters such as what features to work on, how to go about shaping speech and language behavior, and what is accepted as a correct form. Although not much research has been directly focused on dialect differences in the context of therapy, there are some consequences of these differences which have to be faced by speech pathologists nonetheless.

One of the most difficult problems is deciding what language to work on in therapy. To take a particular case, suppose a speaker from a working-class Black community has an articulation problem involving word-final consonants. This speaker uses either a glottal stop or no consonant at all. Eventually, the final *th* will have to be considered, along with other final consonants. With our knowledge

about final *f* for *th* ([θ]) in the dialect, what target sound should be used for this speaker?

There are two factors to be considered here, one relating to the speech and language pathologist, and the other relating to the client. With respect to the clinician, it is generally advised that clinicians use target forms with which they are comfortable. Since most speech pathologists are speakers of mainstream varieties of English, θ would thus be the appropriate form for the clinician to use as a model. Clients may, in fact, view any attempt to use a different model as pretentious and inappropriate for the clinician, since children can sometimes be very sensitive to appropriate speech styles.

The appropriate form for the client is, however, another matter. Since speech and language disorders are defined according to the norms of the community, these norms must be kept in mind when correcting a disorder. Some experts therefore recommend that norms appropriate to the community should be accepted as correct. For the client under discussion, then, the use of *f* in *tooth* would be considered to be an appropriate level of usage. This acceptance is at odds with the traditional viewpoint that only standard English norms should be accepted as correct in therapy, and many speech pathologists might feel uncomfortable in accepting such a difference. However, it is a viewpoint which is consistent with a position recognizing the legitimacy of dialect differences as an integral part of American life and language.

If a clinician uses a standard English form as a model, how could a client end up using a nonstandard form? In other words, if the clinician used the *th* in *tooth* as a model, why wouldn't the client simply end up using the same form instead of *f*, the nonstandard form?

The use of forms other than the target norms of the clinician is not at all unusual in the setting of speech and language therapy. Even apart from the social considerations of the home community, a client may produce forms different from the clinician's model. Considerable research shows that the remediation of speech and language disorders is not simply an all-or-nothing matter; that is, clients do not always choose simply between the deviant form and the modeled target form. There may be a number of intermediate steps. For example, a child who does not produce *s* may show several different stages in the eventual production of *s*, even though the model is consistently given as *s*. So, the client may move from the absence of *s* to *t*, to the fricative θ to *s*. There are, in fact, many programs of remediation that regularly take these intermediate steps into consideration in their therapeutic procedures. All clients then, can be expected to produce variations from the model provided by the therapist.

Given the natural tendency to show some variation from the target norms in a clinical situation, it is reasonable to see how community norms may simply reinforce a particular form which varies with the clinician's model. If the community norm reinforces *f* in *tooth*, some clients will adjust to this form even when introduced to a different one in a clinical setting. This type of shift is well known in other types of education situations, as students shift between the forms expected in a school situation and those established by community norms.

Here again, a parallel can be cited. In areas of New England where *r* following vowels (e.g., *cah* for *car*) can be absent as a part of the dialect, speakers still exist who reveal the "classic" *r* articulation problem (e.g., *wabbit* for *rabbit* or *bwead* for *bread*). Remediation strategies for these clients may include exercises on the production of *r* in a number of different positions in a word, including some productions that might be different from the use of *r* in the home community. As the client adjusts to the norms

of the community, however, the *r* may be expected to conform to the community norm, so that it will be absent where normal community speakers do not use it (e.g., *cah*) and present where the community norms dictate (e.g., *rabbit*). This kind of adaptation would be expected; in fact, it would be a very appropriate response to community norms. By the same token, the speaker of a nonstandard variety such as Vernacular Black English might be expected to conform to the community norm for using *f* in *tooth*. And such a response is just as appropriate in terms of the home community as the adaptation of the *r* production in New England speech.

From a practical standpoint, is there anything wrong with treating a dialect difference as if it were a disorder? Since speech pathologists work with speech and language, wouldn't they be in a good position to teach people standard English?

The methods and procedures used in the treatment of disorders focus on basic speech and language **problems** of one type of another. The concern is to remediate. Strategies are therefore developed to work directly on overcoming obstacles which have prevented the client from achieving the norms of the community.

The case of dialect differences is quite different from that of disorders, in that the speaker **does** conform to the community norms. In other words, there are no basic problems in terms of normal communication. This means that a quite different set of factors must be taken into account in teaching standard English. Background, social considerations and the learning of an additional language system are involved. Methods and procedures for teaching need to be designed on this basis, and these will usually differ from those designed specifically for speech and language disorders. For example, the methods used for teaching standard English may be more akin to those used for teaching English as a second language, a field of specialization in its own right.

There are no clear-cut research studies showing specifically that second language teaching methods are more effective than remediation therapy in teaching standard English; nonetheless, an important argument has been raised against teaching standard English in the context of a therapeutic situation. This argument focuses on the implications that can be drawn from treating a difference as if it were a disorder. From the outset of our discussion, we have stressed the fact that language differences are a very normal part of social and cultural differences in our society. This is a very basic premise, and one which needs continued theoretical and practical emphasis in light of the historical prejudices which have governed many people's views of dialect differences. To ignore such a consideration in a practical setting—by making no real distinction between dialect difference and disorder—would only serve to reinforce unjustified attitudes and prejudices about language differences.

The actual question of whether or not standard English should be taught is not being addressed here. This is a highly individualistic matter and there may certainly be reasons for some people desiring to learn this variety, as well as arguments against such a practice. But if it is taught, it is reasonable to expect it to be taught from a perspective which incorporates understanding and appreciation of the normal differences in language. The theoretical position on the equality of language difference must govern the practical context for teaching standard English in terms of where, when, and how it is taught. The setting of a clinic, associated with the treatment of disorders, would not appear to be an ideal context.

How about cases where people are referred to speech pathologists when they speak a native language other than English? Does the same sort of principle apply to teaching English as a second language?

Teaching English as a second language involves an educational approach which is again quite different from that involved in dealing with speech and language disorders. It is important to keep this in mind when dealing with differences which come from this source. We have already noted that teaching English as a second language is an educational area of specialization which has developed as an independent field over the past several decades. It has its own theoretical orientation, research tradition, and set of educational procedures and methods.

While the delegation of responsibilities for teaching English as a second language is dependent on the resources within a given community (that is, some communities may have available specialists in teaching English as a second language and others may not), there are certain principles that should govern the clinician who takes on this task. In the first place, such teaching must be based on the same perspective as that for dialect differences, namely, that the clinician is confronted with a normal language difference rather than a disorder in the basic **language** system. This knowledge of language can be used in teaching English as a specific language system to be added to the native system. Furthermore, certain principles in terms of learning a second language must guide the instructor, just as certain principles of language acquisition may guide the clinician working with delayed language. Finally, teaching English as a second langauge must be based on familiarity with the procedures and methods used in this field of specialization. And these can be expected to vary considerably from those used in the treatment of basic speech and language disorders. In other words, it effectively requires the traditional skills of the speech pathologist to be extended to a new area of specialized skills.

There are lots of situations where other people, such as classroom teachers, refer children for speech and language therapy when all that is indicated is a language difference. In some cases, these people can be quite insistent about the need for therapy. What should be done in this kind of situation?

Cases of such referrals are certainly easy to document, and not always easy to handle diplomatically. Nonetheless, the speech and language pathologist has a responsibility to disseminate information about language differences to other people in this situation. Traditionally, speech pathologists have been looked to as resource people in all areas of speech and language, and it is not surprising that other people would refer many matters related to language to the clinician. In this position, it seems essential that accurate viewpoints of language differences be communicated to other educators. An understanding of dialect differences can influence many different areas of the educational experience, and speech pathologists are in a position to present information which will promote the equitable treatment of all social and ethnic groups in our society with respect to language.

Suggested Readings

The section on "Language Arts and Dialect Differences" in booklet five of this series treats many of the issues surrounding the teaching of spoken standard English in

more detail. Additional references on this issue are given there, but one of the more concise summaries of this topic is Robbins Burling's Chapter Eight ("What Should We Do about It?") in his book *English in Black and White*. One of the few attempts to consider therapeutic procedures and dialect differences is found in Harry and Charlena Seymour's article, "A Therapeutic Model for Communication Disorders among Children Who Speak Black English."

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